

ARKANSAS STATE BOARD OF ARCHITECTS
101 East Capitol Avenue, Suite 110
Little Rock, Arkansas 72201-3822

501.682.3171 ▪ Fax: 501.682.3172

E-mail: arch@arkansas.gov ▪ Web Address: www.arkansas.gov/arch

NON-RESIDENT INITIAL APPLICATION FOR CERTIFICATE OF AUTHORIZATION

INSTRUCTIONS:

1. **All fees are non-refundable.**
 2. **Enclose** with this application a check in the amount of **Two Hundred and Fifty Dollars (\$250.00) payable to the Arkansas State Board of Architects.**
 3. If your professional organization has been incorporated/organized in a state other than Arkansas, you **MUST** register your foreign organization with the Arkansas Secretary of State. The Arkansas Secretary of State's telephone number is 501.682.1010 and their web address is www.sos.arkansas.gov.
 4. a. If applying as a **Corporation**:
 - (1) After you have registered your foreign corporation with the Arkansas Secretary of State, you **MUST** submit with this application a **copy** of the Certificate of Authority for a foreign corporation, **and**
 - (2) You **MUST** submit with this application the articles of incorporation or organization certified by the secretary of state of the jurisdiction in which the corporation is organized.
- OR**
- b. If applying as a **Partnership or Limited Liability Organization**:
 - (1) After you have registered your organization with the Arkansas Secretary of State, you **MUST** submit this application with a **certified copy** of the articles of organization.
 5. If your articles of incorporation/organization do not list the current directors/partners, you **MUST** include minutes of your corporation/organization that list the current directors/partners.
 6. You **MUST** submit a list of the directors/partners with their disciplines.
 7. ANY CHANGE OCCURRING IN THE ABOVE INFORMATION DURING THE PERIOD FOR WHICH THE CERTIFICATE OF AUTHORIZATION IS GRANTED **MUST** BE REPORTED TO THE BOARD **WITHIN THIRTY DAYS** AFTER THE EFFECTIVE DATE OF SUCH CHANGE. IF THE CHANGE IS NOT REPORTED, YOUR CERTIFICATE OF AUTHORIZATION WILL BE REVOKED.
 8. **Certificates of Authorization MUST be renewed by the 31st of December each year.** FAILURE TO TIMELY RENEW YOUR CERTIFICATE OF AUTHORIZATION WILL RESULT IN A PENALTY FEE OF FIFTY DOLLARS (\$50.00) FOR EACH MONTH THE CERTIFICATE IS NOT RENEWED.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

Arkansas State Board of Architects
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FIRM NAME: _____
ADDRESS(1): _____
ADDRESS(2): _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____ WEB ADDRESS: _____
TYPE OF ORGANIZATION: _____
(Corporation, Partnership, Limited Liability, etc.)

List the name of the director or partner along with their Arkansas registration number who has the practice of architecture in his charge for the State of Arkansas. This person must be registered to practice architecture in the State of Arkansas.

Director/Partner: _____ AR Registration #: _____

NOTE: This individual must maintain a current Arkansas Individual Architects License. Failure to maintain valid license shall result in revocation of the Firms' Certificate of Authorization.

ORIGINAL STATE OF ORGANIZATION: _____

Does this firm have an office in the State of Arkansas? () YES () NO

If YES, list Address: _____

Name of Architect in charge of Arkansas office: _____

Architect's Arkansas Registration Number: _____

List below EVERY Director (Corporations/LLC) OR Partner (Partnership) including ALL of the following information. Use additional sheets if necessary.

Eligibility Requirements: 2/3 of the Directors for a Corporation/Limited Liability Corporation or 2/3 of the Partners for a Partnership must be Architects or Engineers and one Director/Partner must hold a valid Arkansas Individual Architects' License.

Name: _____ Registration State: _____ Registration #: _____

Firm Address/City/State/Zip: _____

Disciplines (Architect, Engineer, etc.): _____

Name: _____ Registration State: _____ Registration #: _____

Firm Address/City/State/Zip: _____

Disciplines (Architect, Engineer, etc.): _____

Name: _____ Registration State: _____ Registration #: _____

Firm Address/City/State/Zip: _____

Disciplines (Architect, Engineer, etc.): _____

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE.

Signed: _____
President or General Partner Title Date